PRINTED: 10/14/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
ļ		09G022	B. WI	B. WING		09/18/2009	
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		1012000
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD RE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs	W	000			
W 120	September 16, 2009. 2009. The survey we fundamental survey of three clients was population of six me focused review of an observation was con. The findings of the subservations, intervithe home and at the review of client and including incident re 483.410(d)(3) SERVOUTSIDE SOURCE	survey were based on ews with staff and clients in ee day programs, as well as a administrative records, ports. ICES PROVIDED WITH IS Surre that outside services	W 1	20	GOVERNMENT OF THE DISTRICT OF DEPARTMENT OF HEAL HEALTH REGULATION ADMINIS 825 NORTH CAPITOL ST., N.E., 2 WASHINGTON, D.C. 200	OF COLUM TH STRATION END FLOOR	
	Based on observation review, the facility faiservices met the neet the three clients (Cliesample, to include or The findings include: 1. The day program mplemented Client arecommended. On September 17, 20 Client #1 was served to coolles in a high side as Client #1 began to	failed to ensure staff t1's feeding protocol as 009, beginning at 12:05 p.m., broccoli, ground beef, and ed plate during lunch time. o consume his food, he		II A T a o R w ol	Resident # 1's eating protocol was revised on 7 the same was provided to the day program on 8 the same was provided to the day program on 8 the Program and discussed the revised feeding protocol was a superior of the Day Program Director as the Case Manage wailable. Service Coordinator of D.S was all fithe same. It should be noted that at the time esident # 1's ISP on 8/3/09 the day program of the same was all the same was present and attended the meeting where the bigetives and protocols were discussed. On 8-points to the Day Proports of the same the package was given to the Day Proports.	3-12-09. 1 @the Day office of and of informed or was not so informed of ase manager e Residents 12-09	8-12-09 8-13-09 9-18-09 9-21-09 9-25-09 10-20-09
BORATORY	DIRECTOR'S OR PROVIDE	RYSUPPLIER REPRESENTATIVE'S SIGN	ATURE		contd)		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUI IDENTIFICATION NUMBER: A. BUILLE			IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		09G022	B. WII	NG_		09/1	8/2009
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			IX i	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	received verbal propositives and snacks. He is insect-up. between each spood At 12:07 p.m., staff hand on top of Clier spoon to his plate to At 12:10 p.m. to 12: supervision while Climeal slowly. During fruit cup and was obcup before staff courcient made another peer's fruit cup, but Interview with the dand the day program at approximately 12: was at risk for aspire prompts to slow his interview with area a intervention to verball each bite was impled dated April 2008. Without current feeding stated that she could protocol dated April 2008. Review of Client #1's dated July 30, 2009 meal on September 7:25 p.m. The feeding following: a. Client #1 requires and snacks. He is in set-up. b. Since Client #1 us meal to drink his liquires and to drink his liquires and the staff in	mpts to slow his eating pace inful by the day program staff. was observed to place her int #1's hand to guide his o slow down his eating pace. 12 p.m., staff provided limited lient #1 consumed rest of his into time, Client #1 ate his observed to take a peer fruit lid retrieve it. At 12:15 p.m., r attempt to take another staff intervened. The program's area manager into staff after the lunch meal staff intervened. The program's area manager into staff revealed Client #1 attorn required several verbal eating pace. Further and staff revealed the ally prompt Client #1 between mented in his feeding protocol when asked if they had the protocol, the area manager only recall the feeding 2009. The current feeding protocol was reviewed after the dinner 16, 2009, at approximately ing protocol outlined the supervision during all meals independent with eating after ually waits until the end of his ids, it is recommended that	W ·	120	However, on 9/18/09 an in-service was conducted by Day Program for the Day Program Staff for proper of Resident's protocols. Another training was conducted Q.M.R.P made meal time observation for entire were 9/21/09 until 9/25/09. Another observation was made on 10/20/09. Q.M.R.P will continue to visit day program on monitor and ensure that individuals programs and a followed through. See Attachment (E1-E10)	implementation ucted on 9/21/09 ek from thly basis to	
	ine chent receive his	meal in two portions. Staff					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		09G022	B. WIN	ю		09/1	8/2009
	ROVIDER OR SUPPLIER			1026	FADDRESS, CITY, STATE, ZIP CODE 8TH STREET NE SHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 120	c. Monitor closely for aspiration. d. Staff may need to for a few seconds to the ware of the ware ware of the ware of the ware of the ware of the ware ware of the ware ware of the ware ware of the ware ware ware ware ware ware ware war	or signs/symptoms of physically remove his plate of decrease his rate of eating. The day program area manager acknowledge that they were the interventions to get Client grace. The area manager fied mental retardationed training on Client #1's new to 2009 but never discussed his that on September 18, 2009, tram staff received an in the proper implementation of	W	20			
	form and failed notificand/or psychologist immediately when Composition food stealing resurfations. September 17, 2 p.m. revealed the dailmited supervision valunch meal. During fruit cup and was obcup before staff cour. Client made another peer's fruit cup, but with the day program	n failed to complete a red flag by the behavior specialist staff for consultation client #1's target behavior of		Proguinfor also the i Day ensu also above Prog	dential Behavior support plan was result Program on 9/21/09 which is being curre tram Case Manager conveyed all the relectmation to the Day Program Psychologist spoke to the psychologist and was made assues. Q. M. R. P visited the Program every day between 9/21-9/25/0 are the implementation of B.S.P @ meal trevisited the Day Program on 10/20/09 to be asseline data is being collected at the gram. attachment (F1 and also E8, E10)	ently used. Day vant i. Q.M.R.P aware of 19 to time and o monitor the	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		4	MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED		
		09G022	B. WI	NG_		09/	18/2009
D C HEA	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1026 \$TH STREET NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	staff further reveale attempts to steal for week. Interview with the di (CM) on September revealed that Client due to significant de stealing. Further interview of the day program of the sheets. Review of the day program staff's food as a target behas proving the should complete a Food as a target behas prevealed "should complete a Food as a target behavior support mas specialist, and/or psimmediately." 3. The day program implemented Client arecommended. Client #4 was observed to the special standard complete and the special standard complete and special standard client arecommended. Client #4 was observed and miles are special standard complete and special standard complete and special standard client arecommended. Client #4 was observed special special standard complete and special standard comple	ay program's Case Manager 18, 2009, at 9:00 a.m., #1's BSP was discontinued acrease in his behavior of food terview revealed that if the food stealing resurface, staff behavior on ABC data rogram's behavior support nued in October 2006, was aber 18, 2009, at a.m. The BSP confirmed the interview of taking others' avior. Further review of the ld his behavior change in by, type of behavior, etc.,) staff anager, the behavior ychologist for consultation failed to ensure staff #4's feeding protocol as red at day program On, at approximately 1:00 p.m., soft lunch which consisted of ed potatoes, spinach, apple lk. Client #4's lunch was	W -		On 8/13/09, Day Program was provided with a Protocols along with the ISP Package with go objectives. On 08/13/09 day program staff was in-service training by Day Program L.P.N. However yet another in-service training was oby the Q.M.R.P at the Day Program on 9/18/0 proper implementation of the resident #4's menual training the protocology. In the Day Program is implementing the protocology. In the Day Program is implementation of 9/2 10/05/09, 10/15/09 and 10/20/09. Q.M.R.P with visit and monitor the implementation of protocology was also also weekly basis x4 and after that on monthly the Meal time observation data is developed which be used for the purpose of monitoring. See Attachment (B1-B7)	onducted 9 for the al protocols. ol as Outlined 5/09, Il continue to cols passis.	9/18/09 9/25/09 10/5/09 10/15/09 10/20/09

		IDENTIFICATION NUMBER:				COMPLETED	
		09G022	B. WII	NG_		09/1	8/2009
1	D C HEALTH CARE			1	REET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE WASHINGTON, DC 20002		
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	interview revealed to ground in texture are in one portion. Who of Client #4's lunch portions, day prograget his lunch meal in Staff #1 further state client's records for one of the eating July 30, 2009, on State and his meals as into three portions to 483.430(a) QUALIF RETARDATION PREACH Client's active integrated, coordinated and more mental retardation pof three clients inclus #1) The finding includes 1. Cross refer to W1 ensure the facility state in the coordinated and more mental retardation pof three clients inclus #1.	mechanical soft diet. Further hat Client #4's turkey was and he received his lunch mealer the surveyor made mention should be served in three am staff stated that he did not an three portions. Day program ed she would check the clarity. If and feeding protocol dated extended a she would check the clarity. If and feeding protocol dated extended a she would check the clarity. If and feeding protocol dated extended a she would check the clarity. If and feeding protocol dated extended a should have been separated a slow his rapid eating pace. IED MENTAL ADFESSIONAL It reatment program must be sted and monitored by a radation professional. It is not met as evidenced by: It is not met as evi	W 1				
				- 1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUIL	LDING		(X3) DATE SURVEY COMPLETED	
		09G022	B. WIN	G	09/1	8/2009	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 1026 STH STREET NE WASHINGTON, DC 20002			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 159	3. Cross refer to Wensure that the day implementing Client 4. Cross refer to Wensure facility document of the collection sheets in support plans. 483.430(e)(1) STAFThe facility must proinitial and continuing	program staff was t #1's current feeding protocol. 120.3 The QMRP failed to program staff was t #3's current feeding protocol. 1252. The QMRP failed to mented behaviors on the data accordance with the behavior FF TRAINING PROGRAM Divide each employee with g training that enables the m his or her duties effectively,	W 1	4 Q.M.R.P was provided additional train Program Manager to ensure implement policy procedure and coordination with also to monitor objective and protocol See attachment (G1)	ntation of protocols,	10-2-09	
	Based on observation interview, the facility employee was proving training that enabled or her duties effective competently for two facility. (Clients #1 at The finding includes 1. The facility failed Client #1's feeding point of the competent of the finding includes 1. The facility failed Client #1's feeding point for the competence of the competence	of four clients residing in the and #4)	1& 2	Staff and the House Manager were properly training on 9/16/09, 9/21/09 by Q.M.I. and 10/18/09 by the speech pathologic proper implementation of resident #1 Protocols. Q.M.R.P will continue to pon ongoing basis and also monitoring until every staff follows program propersee Attachment (C1-C6)	R.P and on 9/25/09 ist .To ensure & 4's. Eating rovide training on a weekly basis	9-16-09 9-21-09 9-25-09 10-18-09	

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G022	B. WII	IG_		09/1	18/2009
	PROVIDER OR SUPPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE (ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	Client #1's hand in eating pace. Client used his other hand Client #1 was obseverbal and/or physicating pace. Interview with Staff approximately 5:16 assigned to Client # time. Staff #3 state rapidly, or refusing him to drop his spoot interview with the Happroximately 5:20 new to the facility and clients'. When asked slow Client #1's eat she should hold his interview with the Happroximately 5:20 new to the facility and clients'. When asked slow Client #1's eat she should hold his interview with the Happroximately 5:20 new to the facility and clients'. When asked slow Client #1's eat she should hold his interview with the Happroximately 5:20 new to the facility and client #1's some train protocol prior to work work of Client #1'dated July 30, 2009 meal on September 7:25 p.m. The feed order to get Client #1's taff may need to pa few seconds to define the client #1's feeding part of the intervealed that all staff Client #1's feeding part of the c	order to get him to slow his at 1 continued to refuse and difeed himself. At 4:36 p.m., red to eat his oranges without cal prompting to slow down his #3 on the same day p.m., revealed that he was f1 during snack and dinner did that when Client #1 is eating to slow down, staff should ask on and/or remove his plate. M on the same day at p.m., revealed that she was not was still learning the ed by the surveyor on how to ing pace, the HM stated that hand for a second. Further M revealed that she had ling on Client #1's feeding riking at the facility in June is current feeding protocol was reviewed after the dinner 16, 2009, at approximately ing protocol revealed that in 11 to slow his eating pace, shysically remove his plate for icrease his rate of eating."	W	189			

PRINTED: 10/14/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING

		09G022	B. WING		09/18/2009	
	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 189	Continued From pag	ge 7	W 18	9		
	the Qualified Mental (QMRP) provided ar proper implementating feeding protocol for shift including the Hill. 2. The facility failed Client #4's feeding protocol for shift including the Hill. 2. The facility failed Client #4's feeding protocol facility failed Client #4's feeding protocol facility feeding protocol for the graph of the graph of the graph of the feeding the dinner mental form of the feed and was observed to eat more before drinking his bound for the feed and was observed to an and was observed to an	to effectively implement protocol as recommended. In September 16, 2009, at was observed eating pace. At 4:32 p.m., Staff #1 wallow" as Client # 4 was ang juice from the pineapples. Pal approximately 6:55 p.m., ved eating a chopped diet 6:59 p.m., Client #4 was a than three bites of food everage independently. At received a second portion of red to take six bites of food atter independently. Client #4 to pocket food into his mouth mpted by Staff #1 to swallow after the client had taken ful. Staff was not observed in meal to encourage Client Staff #1 was inconsistent in apting during meals by wallow" and "drink your insisted of a tuna sandwich, can soup, yogurt, milkshake				
	a.m., revealed the pro	otember 17, 2009, at 9:30 otocol required the following				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09@022	B. WING			09/18/2009	
	PROVIDER OR SUPPLIER			10	REET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 189	techniques and pro The staff should pliquids and solids. After two to three prompt him to take Staff should promfood in his mouth biportion. Staff should provide prompts to "rest you down". Staff should encounapkins; Staff should provide prompts to thorough swallowing by saying linterview with the quaprofessional on Sepapproximately 2:30 #1 failed to consiste protocol. On September 18, 2 p.m., review of the irevealed that Staff #	cedures to be implemented: rompt him to alternate his bites of food staff should	w ·	189			
W 252	the survey, there was effective. 483.440(e)(1) PROC	as no evidence that training GRAM DOCUMENTATION Displishment of the criteria dividual program plan	W 2	:52			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			Į'	(X3) DATE SURVEY COMPLETED	
		09G022	B. WING			. 09/18/2009	
	D C HEALTH CARE			16	REET ADDRESS, CITY, STATE, ZIP CODE 1926 STH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BF	(X5) COMPLETION DATE
W 252	Continued From pa objectives must be terms.	ge 9 documented in measurable	W 2	252			
	Based on observation review, the facility fadata in accordance plans (BSP), for one sample. (Client #2) The finding includes On September 16, 2				Staff made a mistake by not documenting the be when it happened but it was documented in front of the surveyor on 09/18/09. Staff was	chavior	8-18-09 9-18-09 9-22-09
	when asked to enga by staff. On Septen Client #2 was obser biting his hand while area through the din	age in an activity several times of the several times of times of the several times of the several times of times of times of the several times of tim		į	provided in-service training on ABC of document by the Psychologist on 8-18-09 and 9-22-09. Q.N. will continue to provide on going training to staff proper documentation of behavior and monitor the	M.R.P	
ľ	2009, at approximat Client #2 exhibited r yelling and biting his to participate in activ	care staff on September 17, ely 4:10 p.m., revealed that naladaptive behaviors of hand when he did not want rities. Further interview with revealed that yelling and s target behaviors.			orogram closely. See attachment (H1)		
	Client #2's BSP date confirmed that yelling two of his targeted be revealed staff was to the data collection sled day. Review of the be sheets, however, revents.	2009, at 12:10 p.m., review of ad February 10, 2009, g and biting his hands were ehaviors. The BSP further precord target behaviors on neets on every shift, every behavior data collection realed that staff had not 12's maladaptive behavior on					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G022	B. WING			09/18/2009	
	ROMDER OR SUPPLIER			1	EET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ALD BE	(X5) COMPLETION DATE
W 252	interview with the C at approximately 1: that staff had not do biting his hand as nevidence that the d accordance with the 483.460(I)(1) DRUC RECORDKEEPING. The facility must streen conditions of security for six of si	17, 2009. In a follow-up MRP on September 18, 2009, 30 p.m., she acknowledged ocumented the yelling and equired. There was no ata had been collected in e BSP. 3 STORAGE AND 5	W:				
W 455	Client #6) The finding include On September 16, p.m., Licensed Pracobserved to lock the leaving the medical Further observation open medication roupstairs to the first interview with LPNs approximately 6:00 medication keys we padlock when he leavest the second process of the	s: 2009 at approximately 5:46 ctical Nurse #1 (LPN#1) was e medication closet door, tion keys in the padlock. In revealed LPN #1 then left the form to escort Client #3 level of the facility. In an #1 on September 16, 2009 at p.m., it was acknowledged the are left in the medication of the open medication room.		455	L.P.N was given training on 10/02/09 by the On policy of medication administration and I control. R.N will continue to provide on goin and unannounced medication administration See attachment (D1-D7)	nfection g training	10-2-09

AND PLAN OF CORRECTION		(AT) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER:	A. BUIL	DING	COMPLETED	
		09G022	B. WING	G	09/18/2009	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (1026 8TH STREET NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION DATE	
W 455	prevention, control, and communicable This STANDARD Based on observat failed to provide an prevention and concommunicable discresiding at the homand Client #6) The findings included the findings included the findings included the findings included to September 16, 2 p.m., licensed practobserved to wash it prior to administerio observed to wash it prior to administerio observation revealed to cleanse his hand medications to Clie touched the Medica (MAR's) and then to medication cup Clieself-medication. In an interview with 2009, at approximal acknowledged after cleanse his hands, then touched the rin #2 used for self-medication. There is no evidence.	active program for the and investigation of infection diseases. Is not met as evidenced by: ion and interview, the facility active program for the trol of infection and eases, for six of six clients ie. (Clients #1, #2, #3, #4, #5 e: In administration observation 2009, at approximately 5:20 tical nurse #1 (LPN #1) was his hands with soap and watering medications. Further ied LPN #1 used hand sanitizer les prior to administrating int #2. However, LPN #1 ation Administration Records ouched the rim of the ent #2 used for LPN #1 on September 16, tely 6:10 p.m., it was rusing hand sanitizer to the touched the MAR's and m of the medication cup Client edication.	W 4	1. L.P.N was given training on 10/02/0 On policy of medication administrate control. R.N. will continue to provide unannounced during medication administration. See attachment (D1-D7)	tion and Infection de on going training	
	prevention and con	ctive program for the trol of infection.				

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0 9 G022		B. WING		09/18/2009		
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 455	Continued From page 12 2. During medication administration observation		W 45	L.P.N was given training on 10/02/09 by the	R.N.	10-2-09
	on September 16, 2009, at approximately 5:35 p.m., LPN #1 used hand sanitizer to cleanse his hands prior to administrating medications to Client #3. However LPN #1 touched the medication MAR's, the table and than touched the rim of the medication cup as he administered Client #3's medication. In an interview with LPN #1 on September 16, 2009, at approximately 6:10 p.m., it was acknowledged after using hand sanitizer to cleanse his hands he touched the MAR's, the table and than touched the rim of the medication cup as he administered Client #3's medication. There is no evidence that the facility's nursing staff provided an active program for the prevention and control of infection.			On policy of medication administration and R.N. will continue to provide on going traini unannounced during medication administrat See attachment (D1-D7)		
	#1 was observed si two wooden blocks. placed a different shoard. At 11:50 a.m. basketball back/fort a.m., Client #1 was handles to the main At 12:05 p.m., Client cafeteria area for luminute later, Client lunch which consist and broccoli. At 12 observed to eat the plate that spilled on hands. The day proacross from Client if	17, 2009, at 11:22 a.m., Client itting at a round table holding. At 11:30 a.m., Client #1 et of blocks into the peg m., Client #1 was rolling a th with his peers. At 11:55 observed to pull on the door a entry door to the class room. In a triangle to the inch. Approximately one #1 was sitting down eating his ed of ground beef, noodles, :10 p.m., Client #1 was rest of his food outside of his the dycem mat with his ogram who was observed #1 feeding other clients did not a stop eating with his hands.	3.	Q.M.R.P provided general hygiene and infect training at the Day Program on 10/23/09. Q.N continue to follow up with Day Program on implementation of universal precautions for i control during monthly visits to day program. See attachment (11-13)	M.R.P will	10-23-09

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 10/14/2009 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

09G022 B. WING	/2009
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Interview with the day program staff at approximately 12:25 p.m., acknowledged that Client #1 did not wash his hands before lunch. The staff stated that it was poor oversight on his part. There was no evidence that proper infection control procedures were implemented before and during lunch time. 4. On September 17, 2009, at 3:20 p.m., Client #2 was observed biting his hand and yelling when asked to participate in an activity by direct care staff. At 3:22 p.m., Client #2 was engaged in making a necklace with various beads located inside a plastic bowl. Approximately one minute later, Client #2 was siting at the dining room table opening up an Oreo cakester cake in which he consumed. The client was not observed to wash his hands. Interview with the qualified mental retardation professional (QMRP) on the same day at approximately 3:40 p.m. acknowledged that Client #2 did not wash his hands before eating his afternoon snack. There was no evidence that proper infection control procedures were implemented during snack time. 5. On September 16, 2009, at 6:22 p.m., Staff #2 asked Client #2 to assist her with serving dinner. At 6:23 p.m., Staff #2 the toaster from the top of the deep freezer and plugged it in the socket. Less than a minute later, Staff #2 was observed opening the refrigerator and the deep freezer. At approximately 6:30 p.m. Staff #2 began to measure the food with the same glove.	9-21-09

(X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A BUILDING		1 7	(X3) DATE SURVEY COMPLETED	
		09G022	B. WI	NG_		09/18	3/2009
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 455 W 472	W 455 Continued From page 14 Interview with the QMRP on September 17, 2009, at approximately 2:00 p.m. confirmed that infection control should be implemented at all times. There was no evidence that proper infection control procedures were implemented while serving dinner. W 472 W 472 Food must be served in appropriate quantity.		W 4				
	Based on observation review, the facility far portions were served prescribed diets for the facility. (Clients #1, #2, #3, #4, #5, at The finding includes Observation on Sepapproximately 6:30 to use a 1/3 measur and an 8 ounce measured an 8 ounce measured Staff #2 so tablespoon and place was also observed peach of the clients' preview of the spring	nd #6)			On 8/13/09, Day Program was provided with revised Protocols along with the ISP Package with goals and objectives. On 08/13/09 day program staff was giver in-service training by the Day Program LPN. How ever yet another in-service training was conduct by the Q.M.R.P at the Day Program on 9/18/09 for the proper implementation of the resident #4's meal protocol to Day Program is implementing the protocol as Ou Q.M.R.P conducted monitoring visits on 09/25/09, 10/05/09, 10/15/09 and 10/20/09. Q.M.R.P will contivuisit and monitor the implementation of protocols	n eted he ocols. utlined.	8-13-09 9-18-09 9-25-09 10-5-09 10-15-09 10-20-09
	revealed Clients #1, #5, and #6 should ha fish, half cup of spina and a half cup of boi	#3, ave received 3 ounces of tuna ach, 6 ounces of bean soup led potatoes.			on weekly basis x4 and after that on monthly basis. Meal time observation data is developed which will be used for the purpose of monitoring. See Attachment (B1-B7)		
	Interview with Staff #	1 on the same day at					

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
09G022			B. WI	NG_		09/18/2009	
				1	REET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTK TAG CROSS-REFERENCED TO TH DEFICIENCY		N SHOULD BE COMPLÉTION DATE	
W 472	PROVIDER OR SUPPLIER ALTH CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W	472			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0060 09/18/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE D C HEALTH CARE WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A licensure survey was conducted from September 16, 2009 through September 18. 2009. A random sample of three residents was selected from a resident population of six men with various disabilities. A focused review of another (fourth) client's meal observation was GOVERNMENT OF THE DISTRICT OF COLUMBIA conducted as well. **DEPARTMENT OF HEALTH** HEALTH REGULATION ADMINISTRATION The findings of the survey were based on 825 NORTH CAPITOL ST., N.E., 2ND FLOOR observations, interviews with staff and clients in WASHINGTON, D.C. 20002 the home and at three day programs, as well as a review of resident and administrative records, including incident reports. 1 042 3502.2(b) MEAL SERVICE / DINING AREAS 1042 Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian: and... This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that food portions were served in accordance with prescribed diets for six of six residents residing in the facility. (Resident #1, #2, #3, #4, #5, and #6) The finding includes: Observation on September 16, 2009, at approximately 6:30 p.m., Staff #2 was observed to use a 1/3 measuring cups to measure spinach and an 8 ounce measuring cup to measure the bean soup for all six residents. Further observation revealed Staff #2 scooped tuna fish with a regular tablespoon and placed it on the bread. Staff #2 was also observed placing whole Health Regulation Administration

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Puta Director 1 D.c. HC

(X6) DATE 10126109

PRINTED: 10/14/2009

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0060 09/18/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1026 8TH STREET NE** D C HEALTH CARE WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREEIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1042 Continued From page 1 1042 potatoes on each of the residents' plates without 6/8/09 An in-service training was given by the Nutritionists 1. measuring. on 06/08/09, 08/27/09 on Diet, texture and 8/27/09 measurement. However additional training was provided Review of the spring/summer 2009 menu on 10/2/09 September 17, 2009, at approximately 1:00 p.m.. on 10/02/09 by the nutritionist. On accurate revealed Residents #1, #3, #5, and #6 should measurement of food as per diet. Q.M.R.P will monitor have received 3 ounces of tuna fish, half cup of staff during meal preparation on weekly basis x4 then on spinach, 6 ounces of bean soup and a half cup of a monthly basis and whenever present in facility at boiled potatoes. meal time. Interview with Staff #1 on the same day at See Attachment (A1-A4) approximately 3:45 p.m., confirmed that the tuna fish sandwich and the boiled potatoes required measuring. Further interview with Staff #2 revealed that she was able to verbally state the correct measurements to measure the residents' food. However, when Staff #2 was asked to show the surveyor the 1/2 cup, Staff #2 showed the 1/3 measuring cup. Staff #2 acknowledged that she should have been using the 1/2 cup instead of the 1/3 cup when measuring the clients' food. 1042 On 8/13/09, Day Program was provided with revised new 8/13/09 2. Cross refer to Federal Citation W120. The 9/18/09 Protocols along with the ISP Package with goals and day program failed to ensure staff implemented 9/25/09 objectives. On 08/13/09 day program staff was given Client #4's feeding protocol as recommended. in-service training by the Day Program LPN. 10/5/09 1 047 3502.5 MEAL SERVICE / DINING AREAS However yet another in-service training was conducted 1047 10/15/09 by the Q.M.R.P at the Day Program on 9/18/09 for the 10/20/09 Each GHMRP shall be responsible for ensuring proper implementation of the resident #4's meal protocols. that meals, which are served away from the The Day Program is implementing the protocol as Outlined GHMRP, are suited to the dietary needs of residents as indicated in the Individual Q.M.R.P conducted monitoring visits on 09/25/09, 10/05/09. Habilitation Plan. 10/15/09 and 10/20/09. Q.M.R.P will continue to visit and monitor the implementation of protocols on weekly basis x4 and after that on monthly basis. This Statute is not met as evidenced by:

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Based on observation, staff interview and record

review, the facility failed to ensure that residents

received their meals as outlined in their dietary

Meal time observation data is developed which will

be used for the purpose of monitoring.

See Attachment (B1-B7)

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0060 09/18/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1026 8TH STREET NE** D C HEALTH CARE WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) 1047 Continued From page 2 1047 8/13/09 On 8/13/09, Day Program was provided with revised new 9/18/09 plan for one of four residents residing in the Protocols along with the ISP Package with goals and facility. (Resident #4) 9/25/09 objectives. On 08/13/09 day program staff was given 10/5/09 The finding includes: in-service training by the Day Program LPN. 10/15/09 However yet another in-service was conducted by the Resident #4 was observed at day program On September 17, 2009, at approximately 1:00 p.m., 10/20/09 Q.M.R.P at the Day Program on 9-18-09 eating a mechanical soft lunch which consisted of ground turkey, mashed potatoes, spinach, apple for the proper implementation of the resident #4's meal sauce, water and milk. Resident #4's lunch was protocols. The Day Program is implementing the served in one portion. protocol as Outlined. Q.M.R.P conducted Interview with day program Staff #1 on the same day at approximately 1:25 p.m., revealed that monitoring visits on 09/25/09, 10/05/09, 10/15/09 Resident #4 was on a mechanical soft diet. and 10/20/09. Further interview revealed that Resident #4's Q.M.R.P will continue to visit and monitor the turkey was ground in texture and he received his lunch meal in one portion. When the surveyor implementation of protocols on weekly basis x4 and made mention of Resident #4's lunch should be served in three portions, day program staff stated after that on monthly basis. that he did not get his lunch meal in three Meal time observation data is developed which will portions. Day program Staff #1 further stated she would check the resident's records for clarity. be used for the purpose of monitoring. Review of the eating and feeding protocol dated See Attachment (B1-B7) B71 July 30, 2009, on September 17, 2009, at 9:30 a.m., revealed that Resident #4 was on a chopped diet and his meals should have been separated into three portions to slow his rapid eating pace. At the time of the survey, the day program failed to ensure staff implemented Resident #4's feeding protocol as recommended. 1222 3510.3 STAFF TRAINING 1222 There shall be continuous, ongoing in-service

training programs scheduled for all personnel.

Sec Attachmen

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD03-0060 09/18/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE **D C HEALTH CARE** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1222 Continued From page 3 1222 This Statute is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently for two of four clients residing in the facility. (Residents #1 and #4) The finding includes: 1. The facility failed to effectively implement 1& 2 Staff and The House Manager were provided additional Resident #1's feeding protocol as recommended. 9/16/09 training on 9/16/09, 9/21/09 by Q.M.R.P and on 9/25/09 9/21/09 On September 16, 2009, at 4:33 p.m., Resident and 10/18/09 by the speech pathologist . To ensure 9/25/09 #1 was observed eating chopped peeled oranges proper implementation of resident #1 & 4's Eating Protocols with a spoon from a bowl at a fast pace. 10/18/09 Q.M.R.P will continue to provide training Resident #1 refused to slow down when asked by on ongoing basis and also monitoring on a weekly basis the house manager (HM). The HM was observed to hold Resident #1's hand in order to get him to until every staff follows program properly and correctly. slow his eating pace. Resident #1 continued to See Attachment (C1-C6) refuse and used his other hand to feed himself. At 4:36 p.m., Resident #1 was observed to eat his oranges without verbal and/or physical prompting to slow down his eating pace. Interview with Staff #3 on the same day approximately 5:16 p.m., revealed that he was assigned to Resident #1 during snack and dinner time. Staff #3 stated that when Resident #1 is eating rapidly, or refusing to slow down, staff should ask him to drop his spoon and/or remove his plate. Interview with the HM on the same day at approximately 5:20 p.m., revealed that she was new to the facility and was still learning the residents'. When asked by the surveyor on how to slow Resident #1's eating pace, the HM stated

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that she should hold his hand for a second.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N HFD03-0060			(X2) MULT A. BUILDI B. WING	NG	(X3) DATE SURVEY COMPLETED				
			STREET AD	DBERG CITY	PYATE ZID CODE	09/18/2009			
DOUGHTH OADS			1026 STH	STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	(D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETE DATE			
	Further interview wi had received some feeding protocol pri June 2009. Review of Resident dated July 30, 2009 meal on September 7:25 p.m. The feed order to get Resider staff may need to pa few seconds to de On September 18, 2 p.m., review of the irevealed that all staresident #1's feedin At the time of the suthat training was effect the Qualified Mental (QMRP) provided as proper implementatic current feeding protosecond shift including. The facility failed Resident #4's feedin During snack time of 4:31 p.m., Resident pineapples at a fast stated "chew chew a drinking the remaining During the dinner meresident #4 was obwith a teaspoon. At observed to eat more	ith the HM revealed to training on Resident or to working at the final state of the	#1's acility in protocol the dinner imately d that in ng pace, plate for ating." ely 1:10 cords ng on , 2009, soional on the 1's ng the nent mended. 09, at ting Staff #1 #4 was sapples. 55 p.m., oped diet #4 was food	1222	Staff and The House Manager were provided additional training on 9/16/09, 9/21/09 by Q.M. and on 9/25/09and 10/18/09 by the speech patho To ensure proper implementation of resident #1 & 4's Eating Protocols. Q.M.R.P will continu provide training on ongoing basis and also monitoring on a weekly basis until every staff follows program properly and correctly. See Attachment (C1-C6), C6.1	logist . 9-25-09			
1	before drinking his b	everage independen	tty. At						

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD03-0060 09/18/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1026 8TH STREET NE** D C HEALTH CARE WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1222 Continued From page 5 1222 7:04 p.m., Resident #4 received a second portion of food and was observed to take six bites of food before drinking his water independently. Resident #4 was also observed to pocket food into his mouth and was verbally prompted by Staff #1 to swallow the food in his mouth after the resident had taken one additional spoonful. Staff was not observed throughout the dinner meal to encourage Resident #4 to use his napkin. Staff #1 was inconsistent in providing verbal prompting during meals by saying "chew chew swallow" and "drink your water". The meal consisted of a tuna sandwich, potatoes, spinach, bean soup, yogurt, milkshake and water. Review of the eating and feeding protocol dated July 30, 2009, on September 17, 2009, at 9:30 a.m., revealed the protocol required the following techniques and procedures to be implemented: - The staff should prompt him to alternate his liquids and solids. - After two to three bites of food staff should prompt him to take a long drink. - Staff should prompt the resident to swallow his food in his mouth before receiving his next portion. - Staff should provide the client with verbal prompts to "rest your spoon" or "put your spoon down". - Staff should encourage the resident to use napkins; - Staff should provide the resident with verbal prompts to thoroughly chew his food before swallowing by saying "chew chew swallow".

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	HFD03-0060		B. WING		09/18/2009		
			STATE, ZIP CODE				
			STREET N				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE		
1222	Continued From pa	ge 6		l 222			
	Interview with the qualified mental retardation professional on September 17, 2009, at approximately 2:30 p.m., confirmed that the Staff #1 falled to consistently follow resident #4's eating protocol.						
	On September 18, 2009, at approximately 1:00 p.m., review of the in service training records revealed that Staff #1 was trained on Resident #4's feeding protocol on May 2, 2009. At the time of the survey, there was no evidence that training was effective.						
1 226	3510.5(c) STAFF T	RAINING		l 226			
	Each training program shall include, but not be limited to, the following:						
	(c) Infection control	for staff and residen	ts;		·		
	Based on observation Home for the Menta to ensure effective to	met as evidenced by on and interview, the illy Retarded (GHMR raining on infection o residing at the home and Client #6)	Group P) failed control,				
	The findings include:			\$			
	on September 16, 2 p.m., licensed practi observed to wash hi prior to administratin	n administration obsertion obsertions and approximately call nurse #1 (LPN # s hands with soap and medications. Furtiful LPN #1 used hands prior to administration #2. However LP	y 5:20 1) was nd water ner sanitizer no	1& 2	LPN was given training on medication administration policy and infection control on by the RN. RN will continue to provide ongoin and unannounced monitoring during medication administration times. See Attachment (D1-D7)	ng training	
	touched the Medicat	ion Administration R	ecords			Į	

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0060 09/18/2009 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE D C HEALTH CARE WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION IĎ (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG **DEFICIENCY** 1226 Continued From page 7 1226 (MAR's) and than touched the rim of the medication cup Resident #2 used for self-medication. In an interview with LPN #1 on September 16. 2009, at approximately 6:10 p.m., it was acknowledged after using hand sanitizer to cleanse his hands he touched the MAR's and than touched the rim of the medication cup Resident #2 used for self-medication. There is no evidence that the facility's nursing staff demonstrated effective training on infection control. 2. During medication administration observation on September 16, 2009, at approximately 5:35 p.m., LPN #1 used hand sanitizer to cleanse his hands prior to administrating medications to Resident #3. However LPN #1 touched the medication MAR's, the table and than touched the rim of the medication cup as he administered Resident #3's medication. In an interview with LPN #1 on September 16, 2009, at approximately 6:15 p.m., it was acknowledged after using hand sanitizer to cleanse his hands he touched the MAR's, the table and than touched the rim of the medication cup as he administered Resident #3's medication. There is no evidence that the facility's nursing staff demonstrated effective training on infection control.